


Appendix E. Survey/Feedback Form

SURVEY/FEEDBACK FORM (SAMPLE SIDE 1– SOUTH HAYWARD ENGLISH)



South Hayward
Community-Based Transportation Plan

Distribution Location/Organization:

Please provide feedback for a community transportation study. Will you take a few moments to complete this form and return it in the envelope or box provided. You may also FAX this form to 415-284-1554 or mail it to Joey Goldman, Nelson\Nygaard Associates, 833 Market Street, Suite 900, San Francisco, CA 94117 (or email your answers to jgoldman@nelsonnygaard.com).

1. How do you usually travel?

☐ Drive
☐ Catch a ride/carpool
☐ Ride the bus

☐ Taxi
☐ Walk
☐ Bike

☐ Other _____

2. Regarding AC Transit, are any of the following serious problems for you? You may mark more than one response. Please mark only if it is a serious problem:

☐ Bus does not run early enough in the morning (How early do you need it? _____)
☐ Bus does not run late enough in the evening (How late do you need it? _____)
☐ Bus does not come often enough on weekdays.
☐ Bus does not come often enough on weekends.
☐ Bus is not available near my home.
☐ Connections between AC Transit, BART and other transit systems are complicated and difficult.
☐ Other _____

Comments about AC Transit Service:

3. How difficult is it to access each of these services?

	Not Difficult	Somewhat Difficult	Difficult	Very Difficult
Transportation to health clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation to a hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation to a supermarket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation to jobs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation to parks and recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation for children to school or day care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. List specific names of places that you think need better public transportation access:

a. _____

b. _____

c. _____

d. _____

Appendix E Continued

SURVEY/FEEDBACK FORM (SAMPLE SIDE 2– SOUTH HAYWARD ENGLISH)

5. How much of a problem is each of the following for you? Please rate these issues using a scale of 1-10 (1 = not a problem and 10 = severe problem). Circle your answer.

	NOT A PROBLEM (0)					←	→	SEVERE PROBLEM (10)				
Cost of transportation	0	1	2	3	4	5	6	7	8	9	10	
Need to transfer from one transit system to another	0	1	2	3	4	5	6	7	8	9	10	
Long distance between home and transit stop <u>or</u> between transit stop and destination.	0	1	2	3	4	5	6	7	8	9	10	
Length of time to take a trip on public transit	0	1	2	3	4	5	6	7	8	9	10	
Frequency of transit service (how often bus comes)	0	1	2	3	4	5	6	7	8	9	10	
Lack of bus shelters	0	1	2	3	4	5	6	7	8	9	10	
Speed of traffic near pedestrian or bike routes	0	1	2	3	4	5	6	7	8	9	10	
Personal safety while walking, riding a bike, or waiting at a bus stop	0	1	2	3	4	5	6	7	8	9	10	
Unsafe pavement for walking or bicycling	0	1	2	3	4	5	6	7	8	9	10	
Need for special shuttles or vanpools	0	1	2	3	4	5	6	7	8	9	10	

6. Please list any additional transportation issues or problems in your community that we should be aware of for this project.

7. Please tell us about yourself:

A. Which of the following are you? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Employed full-time | <input type="checkbox"/> A parent with children living at home |
| <input type="checkbox"/> Employed part-time | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> A student | <input type="checkbox"/> Retired |
| | <input type="checkbox"/> Other _____ |

B. What is your age?

- | | |
|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> 18 or under | <input type="checkbox"/> 46-61 |
| <input type="checkbox"/> 19-29 | <input type="checkbox"/> 62 or over |
| <input type="checkbox"/> 30-45 | |

C. Do you have a disability that makes it difficult to use some types of transportation?

- ☐ Yes ☐ No

D. Which is your household income range?

- | | |
|---|---|
| <input type="checkbox"/> Under \$15,000 | <input type="checkbox"/> \$50,001 to \$75,000 |
| <input type="checkbox"/> \$15,000 to \$35,000 | <input type="checkbox"/> \$75,001 or more |
| <input type="checkbox"/> \$35,001 to \$50,000 | <input type="checkbox"/> Don't know |

OPTIONAL: If you would like to be on our contact list so we can keep you updated about project changes and meetings, please provide us with the following information:

Name: _____

Address: _____

Telephone: _____ Email Address: _____